

**NH Department of Safety
Division of Motor Vehicles
10 Hazen Drive
Concord, NH 03305
(603)271-2485**

Virginia C. Beecher
Director of Motor Vehicles

Student Full Name: _____

Date of Birth: ____/____/____ Telephone #: _____

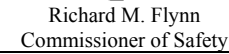
Name of Driving School Attending: _____

| Date | Time Start | Time End | Total Time | Skill Practiced | Parent/Guardian Signature |
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NH law requires a *minimum* of 20 hours of practice driving with a licensed adult in addition to the Driver Education Program Certificate. We encourage you to practice as much as possible with your child. Please note that the law states that the driver must be at least 15 years and 6 months of age, and the licensed driver must be at least 25 years of age.

I certify that my child has received a minimum of 20 hours of practice driving:

Parent/Guardian
Signature: _____ Date: _____
This authorization is signed under penalty of unsworn falsification pursuant to RSA 641:3



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